

HOW YOUR VISION COVERAGE WORKS



FIND AN IN-NETWORK EYE DOCTOR
arkansasbluecross.com/findcare



MAKE AN APPOINTMENT FOR AN EXAM
No ID card required – just tell your provider you have an Arkansas Blue Cross Vision plan through VSP®.



READ THE EYE CHART
Want to look smart for your eye doctor? The eye chart is named the Snellen Chart, and your doctor will identify the smallest row of letters you can read.



NEED CONTACTS OR GLASSES?
Save more with your Arkansas Blue Cross Vision plan – shop an extensive selection of frames, and take advantage of exclusive members-only rebates.

Questions? Call Your Agent!

Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex to include discrimination on the basis of sexual orientation and gender identity; sex stereotypes; sex characteristics (including intersex traits); and pregnancy or related conditions.

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-238-8379 (TTY: 711) or speak to your provider.

ATENCIÓN: si habla español, Disponemos de servicios gratuitos de asistencia lingüística. También hay disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-238-8379 (TTY: 711) o hable con su proveedor.

CHÚ Ý: Nếu bạn nói Tiếng Việt, Các dịch vụ hỗ trợ ngôn ngữ sẽ được cung cấp miễn phí cho quý vị. Các dịch vụ và hỗ trợ giao tiếp phù hợp nhằm cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp hoàn toàn miễn phí. Hãy gọi 1-800-238-8379 (TTY: 711) hoặc trao đổi với nhà cung cấp của quý vị.

On behalf of Arkansas Blue Cross and Blue Shield, Vision Service Plan assists in the administration of vision benefits. VSP® is an independent company which contracts with vision care providers and provides lenses, frames and contact lenses.



*Networks are comprised of independent contracted eye doctors. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association and is licensed to offer health plans in all 75 counties of Arkansas.
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VISION PLANS

FOR YOU & YOUR FAMILY



ARE YOU LOOKING FOR AFFORDABLE VISION COVERAGE?

A vision plan from a company you know and trust – Arkansas Blue Cross and Blue Shield – saves you money and supports good eye health, including early detection of glaucoma, cataracts and vision issues related to diabetes.

Arkansas Blue Cross has teamed up with VSP® Vision Care to offer two vision plans that allow you to care for your vision *and* enjoy hundreds of dollars in savings. Our plans will:

- Save you money on eye care
- Help cover your glasses or contact lenses
- Ensure you receive regular eye exams
- Give you access to an exclusive network of eye doctors and eye care centers, including large retail locations



EXTRA SAVINGS

Save more with Arkansas Blue Cross Vision and VSP®!
Our exclusive offers to members can help you find savings everywhere.



Get an extra **\$20** to spend on featured frame brands like Anne Klein, bebe, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more!



Get **20%** off unlimited additional pairs of glasses



Save an average of **15-20%** when you have LASIK



Mail-in rebate savings on Bausch & Lomb brand contact lenses (at participating providers)

VISION PLAN BENEFITS

	CLASSIC	SELECT
PROVIDER NETWORK	Choice Network	Choice Network
	45,000 VSP network doctors	45,000 VSP network doctors
BENEFIT FREQUENCY*		
Exam Every	12 Months	12 Months
Lenses Every	12 Months	12 Months
Frame Every	24 Months	12 Months
Contacts (instead of glasses)	12 Months	12 Months
COPAYMENTS	WHAT YOU PAY	
Exam	\$10	\$10
Materials (Lenses & Frames) ^{1, 2, 3}	\$20	\$20
Standard Progressive Lenses	N/A	\$20
IN-NETWORK ALLOWANCES	WHAT THE PLAN COVERS	
Frames ^{2, 4}	\$125	\$200
Elective Contact Lenses ^{2, 4}	\$125	\$200
Contact lens exam (fitting and evaluation)**		
** allowance is a combined allowance toward the purchase of contact lens and contact lens exam.		
COVERED LENS ENHANCEMENTS	Polycarbonate for Children	Polycarbonate for Children
	Scratch-resistant Coating	Scratch-resistant Coating
	Tint	Tint
	VSP KidsCare	VSP LightCare™
OUT-OF-NETWORK ALLOWANCES	WHAT THE PLAN COVERS	
Examination	\$45	\$45
Single Vision Lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal Lenses	\$65	\$65
Lenticular Lenses	\$100	\$100
Frame	\$70	\$70
Elective Contact Lenses (materials and exam)	\$105	\$105
Necessary Contact Lenses	\$210	\$210
EXTRA DISCOUNTS AND SAVINGS		
Lens Enhancements	Average savings of 20-25%	Average savings of 20-25%
Additional Pairs of Glasses	20% off	20% off
Sunglasses	20% off	20% off
Laser Vision Correction (LVC) ^{5, 6}	Average 15-20% discount	Average 15-20% discount
MONTHLY RATES		
Individual	\$10.91	\$19.80
Individual + Spouse	\$22.67	\$39.56
Individual + Child(ren)	\$24.26	\$42.34
Individual, Spouse + Child(ren)	\$38.79	\$67.64

These policies are represented by the following form numbers: Vision Classic Plan 17-332; Vision Select Plan 17-340.

* In general, members who enroll in Vision coverage and terminate the coverage before the end of the plan year (the 12-month period beginning with the effective date of their coverage) will be ineligible to reapply until 12 months after the termination date. However, if the member wishes to reapply within 12 months of the termination date and can provide proof of creditable coverage under another Vision plan, this provision may be waived, allowing the member to reapply.

We will not refund any part of your premium except in the event of a death of the policyholder. Once you have been accepted and payment has been received, the premium will not be refunded for any reason other than the death of the policyholder.

¹Most popular lens enhancements include progressives, anti-reflective, photochromics, polycarbonate, plastic dyes, and UV protection. All other lens enhancements also available at 20% off. ²Based on applicable laws; benefits may vary by location. ³Discounts valid through any VSP network doctor within 12 months of the last covered eye exam. ⁴Less any applicable copay. ⁵Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. ⁶The VSP Laser VisionCare Program® is a discount plan only. Discounts only apply to services received from a VSP participating laser center. No monetary benefits are payable to members under this program.

VSP LightCare™: If a vision examination does not result in a need for corrective vision materials, you may use your vision materials benefits (frame and lens) to purchase non-prescription sunglasses from a participating provider's frame board. Non-prescription sunglasses purchased under this benefit exhaust your frame and lens benefits for the frequency period. This means if you use this benefit to purchase non-prescription sunglasses, you are not eligible for additional vision materials benefits until the completion of the next frequency period.

VSP KidsCare: To address the eye care and eyewear needs of active and growing children, the KidsCare benefit allows for full coverage (after any applicable copay) of two comprehensive eye exams and one pair of glasses per plan year, plus savings on additional lenses, frames, repair plans and purchase balances that exceed the retail allowance. If a child's vision changes by at least .50 diopter during the plan year, replacement lenses also are fully covered (after any applicable copay). Fully covered lens choices include child-friendly, impact-resistant polycarbonate lenses, an option for photochromic adaptive (ultraviolet light-blocking) lenses and lenses that have other enhancements.

